

Department of Health & Human Services

DHHS

N E B R A S K A

Certificate of Completion

(Name of Participant)

Has successfully completed the offering listed below and has been awarded **1 contact hour**

Title: **Quality Improvement Module B** (Self-Study)
-Self Management Support

Date: _____



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DHHS-Public Health, Diabetes Prevention and Control Program

This certificate may be used as proof as having attended a program that may be used for licensure renewal in Nebraska.

This presentation has **not** been peer reviewed and may not count towards peer-reviewed contact hours.

License renewal information can be found online at http://dhhs.ne.gov/publichealth/Pages/crl_nursing_nursingindex.aspx